

# Boston Youth Ages 13-14 BCYF Challenges You TO BECOME A **SUPERTeen**

Work Experience  
& Stipend

**SUPERTeens** offers youth  
ages 13-14 a summer  
leadership experience.

Workshops

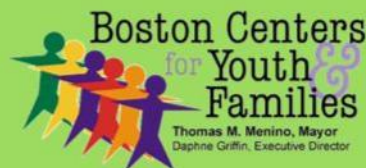
*Youth have the opportunity to gain hands-on experience working at one of 10  
BCYF Community Centers while also participating in weekly workshops and excursions.*

**July 8—August 23**

**Monday & Wednesday, 11:00am-3:30pm**

**Tuesday & Thursday, 10:00am-1:00pm**

Scavenger Hunt  
Excursions



For more information or to apply, please contact Donna Reeves-Jackson at  
617-635-4920 x2209 or [donna.reeves@cityofboston.gov](mailto:donna.reeves@cityofboston.gov).

Thomas M. Menino  
Mayor



Daphne Griffin  
Chief of Human Services

## **SUPERTeens**

### **2013 APPLICATION PACKETS**

The SUPERTeens program, sponsored by SUPERTOURS and BNY Mellon, will offer youth ages 13-14 a high-quality service-learning experience during July and August. Youth in the SUPERTeens program will have the opportunity to attend weekly professional development workshops, gain hands-on experience by working in BCYF Community Centers and participate in scavenger hunt field trips to Boston's arts & enrichment institutions.

All SUPERTeen applicants must complete an application and return it to Donna Reeves-Jackson at BCYF Central Office Youth Services Division located at 1483 Tremont Street, Boston MA 02120 by **Friday, May 31, 2013**.

- If hired, applicants must be prepared to submit:
  - ☐ Proof of residency (ex. Landline phone, gas, electric, cable bill NOT cell phone or water bill)
  - ☐ *Copy of birth certificate*
  - ☐ Copy of social security card
  - ☐ W-9 Form
  - ☐ CORI Check
- Please do not submit incomplete applications.
- The program will run seven weeks beginning on **July 8<sup>th</sup>** and ending on **August 23<sup>rd</sup>**.

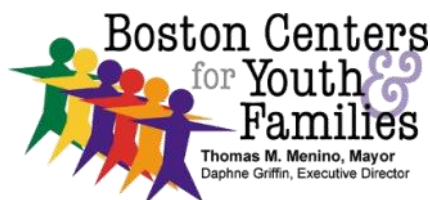
**Participants must be at least thirteen years old on or before  
July 8, 2013 to participate in the program.**

Participants will receive a stipend at the end of the summer for successful completion of the SUPERTeens Program.

\$100 stipend for participants age 13

\$225 stipend for participants age 14

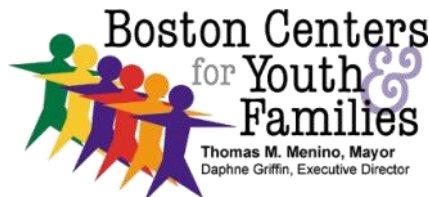
For more information, please contact Donna Reeves-Jackson  
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# SUPERTeens Application

## Summer 2013

The mission of Boston Centers for Youth & Families is to enhance the quality of life for Boston residents by partnering with community center councils, agencies, and businesses to support children, youth, individuals and families through a wide range of comprehensive programs and services according to neighborhood needs.



### Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ ☐ Female ☐ Male

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnicity (select all that apply): ☐ Asian ☐ Black ☐ Native American ☐ Native Hawaiian ☐ White Are you of Hispanic or Latino origin? ☐ Yes ☐ No

School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Type of School: ☐ Public ☐ Charter ☐ Private/Parochial ☐ Homeschool

Child lives with (select all that apply): ☐ Both Parents ☐ Mother Only ☐ Father Only ☐ Aunt/Uncle ☐ Sister/Brother ☐ Step Parent  
☐ Grandparent ☐ Foster Parent ☐ Guardian ☐ Other: \_\_\_\_\_

### Medical Information

Health Insurance Company: \_\_\_\_\_ Hospital Name: \_\_\_\_\_

Do you have any medical conditions or allergies? ☐ No ☐ Yes. If yes, please select type/s and describe below:  
☐ Allergies ☐ Asthma ☐ Physical Restrictions ☐ Medications ☐ Other: \_\_\_\_\_

Description: \_\_\_\_\_

Is there any additional information we should know about this/you? ☐ No ☐ Yes: \_\_\_\_\_

### Parent/Guardian Contact Information

(These two contacts are authorized to pick-up youth from Boston Centers for Youth & Families Community Centers.)

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Emergency Contact Information** Please specify two people (other than a parent or guardian for youth) who can be contacted in case of emergency.  
 (These two contacts are authorized to pick-up youth members from the Boston Centers for Youth & Families Community Center.)

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Apt. City/Neighborhood Zip Code

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### T-shirt Size (adult sizes)

☐ S ☐ M ☐ L ☐ XL ☐ XXL

Questions

Why are you interested in becoming a SUPERTeen?

What skills do you hope to develop through this experience?

Please check your top three choices for BCYF Community Center’s you would you like to work at this summer?

- ☐ BCYF Blackstone  
50 W. Brookline Street, South End
- ☐ BCYF Leahy Holloran  
1 Worrell Street, Dorchester
- ☐ BCYF Shelburne  
2730 Washington Street, Roxbury
- ☐ BCYF Charlestown  
255 Medford Street, Charlestown
- ☐ BCYF Mildred Avenue  
5 Mildred Avenue, Mattapan
- ☐ BCYF Tobin  
1481 Tremont Street, Mission Hill
- ☐ BCYF Holland  
85 Olney Street, Dorchester
- ☐ BCYF Roslindale  
6 Cummins Hwy, Roslindale
- ☐ BCYF Vine Street  
339 Dudley Street, Roxbury
- ☐ BCYF Hyde Park  
1179 River Street, Hyde Park

Consent

The application is factual and complete to the best of my ability.

I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Centers for Youth & Families (BCYF), and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in BCYF Programs.

I, the undersigned parent or guardian of [\_\_\_\_\_], a minor, hereby consent to his/her BCYF membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, BCYF, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by BCYF for publicity purposes. I also agree to allow BCYF to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

I understand that transportation is not provided and it is my responsibility to arrange transportation to and from BCYF Community Centers and programs.

Failure to comply with these rules and expectations can lead to termination of membership.

Signature of Member

Date

Signature of Parent/Guardian (if member is under 18)

Date



## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

				-				-				
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Employer identification number

				-								
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.